Editorial

GASTRIC ULCER AND GASTRIC CANCER

SINCE 1835, when Cruvielhier suggested that possibly there was a relationship of cause and effect, or that of a primary or secondary process between gastric ulcer and cancer, the interest in the subject has been increasing. To-day the view is repeatedly expressed that gastric cancer is often engrafted on an ulcer and a malignant transformation occurs not infrequently on the cicatrix of a healing ulcer.

Notwithstanding the lapse of time which marks the distance between the suggestion and the stout affirmation of a relationship of these common processes in the stomach, during which an increasing number of observers have taken up the question, it is certain that opinions are yet divided and the last word on this important matter has not yet been spoken. More and more, as surgery is able to accomplish with increasing safety so much for the relief of cancer patients, it becomes almost obligatory to operate on patients in whom for well founded reasons a "precancerous" state is discovered. If one may believe that gastric cancer follows gastric ulcer in from 66 to 71 per cent. of instances, as some affirm, and if an early excision of an ulcer or an operation promoting healing, lessens the predisposition to cancer, then the indication for operative interference is clear in all cases of gastric ulcer, as soon as diagnosed, and exploration even in suspected cases.

The arguments that have been advanced for the support of the view of a close relationship are numerous. The theory of chronic irritation as a cause of cancer for which so many illustrations are to hand, e.g., smoker's cancer, Australian cancer, etc., is frequently quoted. It is difficult to see, how-

ever, just how this theory can be applied to explain how a cancer follows upon an ulcer. There are but few, we believe, who deny that these processes may have a common cause—an irritating cause. Moreover, the site most common to ulcer is not that most common to cancer, according to Head. Again the histologist points out in many cases that the ulcer is undergoing a cancerous transformation. In the mucosa and submucosa, at the edge of the ulcer, cancer cells are found or a cicatrix of a former ulcer is showing cancerous changes. Perhaps from this source the high percentages arise and before long possibly the most skeptical will be convinced through this observation alone.

Statistics as usual give a varied answer according to the atmosphere, clinical or otherwise, in which they are studied. It is a statement of fact which Hemmeter wrote not long since that physicians are skeptical of the high percentage indicating the relation of these two digestive diseases, as viewed by American and English surgeons; and while admitting that cancer follows ulcer, it does so in a small proportion of cases, varying from three to seven or ten per cent.

Hirschfeld in 1902 comparing the number of ulcer patients (3 per cent.) in the hospitals of Zurich, Munich, and Vienna with those in Berlin, and Hamburg (7 per cent.), showed that where ulcer cases were in excess, cancer cases were not found with corresponding frequency. Friedenwald has reported upon one thousand cases of gastric cancer, only seventy-three of which gave a definite history of former gastric ulcer, while two hundred and thirty-two (23 per cent.) recalled some previous gastric disturbance. Thus 7·3 per cent. were cases of gastric ulcer, and if we regard all those as ulcer patients who had previous gastric disturbance, the percentage falls far below that quoted above.

Billeter, quoted by Hemmeter, observing the surgical cases in Professor Krönlein's clinic, carefully regarded one hundred and sixteen cases that were operated on for ulcer of the stomach. No excisions were done—simply gastro-enteros-

tomies. The patients were observed from four years to twenty-six years. Nineteen patients died, and eighty-seven were still living without any sign of carcinoma. Two patients died of cancer but only one was of secondary cancer. There was a suspicion of cancer in ten at the time of operation. These made a complete recovery. From this group, small indeed, it is seen that less than one per cent. developed cancer—secondary to ulcer.

Hemmeter remarks, "one is not in duty bound to establish as a therapeutic principle the resection of gastric ulcer on account of any subsequent danger from carcinoma." He adds that of two hundred and thirty-two cases of gastric ulcer observed by himself in twenty-five years, but three developed cancer.

As pointed out in the beginning of this note, the last word has not been spoken in this matter. It can come only after more years of close observation and comparison.

A QUESTION OF PRIORITY

IN the *Journal of Obstetrics and Gynæcology of the British Empire* for January, 1915, one finds a "Note on the 'Dublin method' of conducting the third stage of labour," contributed by Dr. T. Percy C. Kirkpatrick. It seems that recently there had come into the hands of the author a fairly well-known pamphlet, new evidently to him, which was issued by John Harvie, a teacher of Midwifery of London, under the title "Practical Directions, showing a method of preserving the perineum in birth, and of delivering the placenta without violence; illustrated by cases."

Dr. Kirkpatrick recalled the fact that another Irishman, Dr. Henry Jewett, had, in May, 1900, before the Obstetric Section of the Royal Academy of Medicine in Ireland, claimed that the method of effecting the delivery of the placenta by external manipulations as opposed to its delivery by traction on the fundus, was originated in Dublin. Dr. Jewett stated